ARIZONA DEPARTMENT OF HEALTH SERVICES

| STATE OF ARIZONA | | CERTIFICATE NO | -8- |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------|
| } ss County Of Maricopa | | DOCKET NO | EMS 2712 |
| | | has found, under the authority of A.R.S | . §36-2232 <u>et seq.</u> and |
| | keye Valley Rural Volu | nteer Fire District dba | |
| ground ALS and BLS | | NTEER RESCUE UNIT | |
| αδ α · · · · · · · · · · · · · · · · · · | announce betvice in the | State of Arizona for the transportation lowing service area, with the following cen | of individuals who are tral operations station |
| 1. Service Area: Town of Buc | | cal service area surrounding I on State Route 85 to Milepost 1 | |
| | on State Route 85. | on State Route 65 to Minepost 1 | .55, and East to |
| 2. Central Operations Station | Buckeya Asiall Dea | (6 West State Route 85) | |
| | Duckey, Amzolia 1232 | Toute 03). | |
| 3. Response Times: | 0, | | |
| a. Ten (10) minutes on fift | (50) percent of all amb | ulance calls | |
| b. Fifteen (15) minutes on s | DITAT | DEUS A A A A A A A A A A A A A A A A A A A | |
| /# / | 9/ / 55-3 | | |
| c. Thirty (30) minutes on n | nety-eight (98) percent | of all ambulance calls. | |
| d. Thirty-five (35) minutes | on one hundred (100) pe | ercent of all ambulance calls th | at are within |
| twenty (20) road miles of | the central operations. | nation | |
| | | 37/3 | |
| Now, therefore, by virtue of the and laws of the State of Arizona, does | e authority vested in the Ari hereby grant this | zona Department of Health Service | s, under the consti |
| and land of my diane of the series, see a | RAGIN | 21 | |
| C | ERTIFICATE OF | NECESSITY | |
| O | LITTI IOATE OF | | 1 2007 |
| authorizing the operation of the aforesa unless for cause sooner amended, su | aid ambulance service for a p spended, revoked or termin | period ending August 3 | |
| Department. | | • | |
| PROVIDED, that this certification of Health Services. | te shall not be assigned no | r transferred unless authorized by t | he Arizona Depart |
| | | | |
| AND DOOR | | | |
| A STAN AND A STAN AND A STAN AND ASSESSMENT OF THE STAN ASSESSMENT OF THE ST | BY THE ORDER OF | THE ARIZONA DEPARTMENT OF I | HEALTH SERVICE |
| | WITNESS WHEREOF | CATHERINE R | |
| | hand and caused the | zona Department of Health Services official seal of the Arizona Departme | ent of Health Service |
| | to be affixed at Phoen | ix, Arizona on | 31,2003 |
| Wany Shrones | (| (1) | 1. |
| 0.000 | | - hid. Lila | 1 KOKI |